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PTO/SB/22 (08-03)

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|---|---|--|----------------------------|--|----|--|---|----|--|--|----|--------|--|----|--|--|----|--|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |   | <b>Docket Number (Optional)</b><br>02649/100F631-US1 |                            |  |    |  |   |    |  |  |    |        |  |    |  |  |    |  |
|   | In re Application of Gera Strommer et al. |  |                            |  |    |  |   |    |  |  |    |        |  |    |  |  |    |  |
|   | Application Number<br>09/782,528          |  | Filed<br>February 13, 2001 |  |    |  |   |    |  |  |    |        |  |    |  |  |    |  |
|   | For MEDICAL IMAGING AND NAVIGATION        |  |                            |  |    |  |   |    |  |  |    |        |  |    |  |  |    |  |
|   | Art Unit<br>3737                          | Examiner<br>E. M. Mercader                           |                            |  |    |  |   |    |  |  |    |        |  |    |  |  |    |  |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td><td>950.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td><td></td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.<br/><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br/><input type="checkbox"/> attorney or agent of record. Registration Number<br/><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a) 26,936</p> <p>Date _____ Signature _____<br/>(212) 527-7744 Joseph B. Lerch<br/>Telephone Number _____ Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> |   |  |                            | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ |  | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |  | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | 950.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |  | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |  |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$  |  |                            |  |    |  |   |    |  |  |    |        |  |    |  |  |    |  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$  |  |                            |  |    |  |   |    |  |  |    |        |  |    |  |  |    |  |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$  | 950.00   |                            |  |    |  |   |    |  |  |    |        |  |    |  |  |    |  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$  |  |                            |  |    |  |   |    |  |  |    |        |  |    |  |  |    |  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$  |  |                            |  |    |  |   |    |  |  |    |        |  |    |  |  |    |  |
| <input type="checkbox"/> Total of 1 forms are submitted.  |   |  |                            |  |    |  |   |    |  |  |    |        |  |    |  |  |    |  |

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